



## 2020 Fall Camp Emergency Form



### Must be completed by Parent or Guardian

**Child's Name:** \_\_\_\_\_  
Last First Middle Nickname

**Home Address:** \_\_\_\_\_  
Address City Zip

**Child's Info:** \_\_\_\_\_  
Age Male/Female Grade Birth date

**Father's Info:** \_\_\_\_\_  
Last First Home # Cell # Work #

**Mother's Info:** \_\_\_\_\_  
Last First Home # Cell # Work #

### Authorized Adults to pick up child from program site

**Name:** \_\_\_\_\_  
Last First Relationship Home Phone Work Phone

**Name:** \_\_\_\_\_  
Last First Relationship Home Phone Work Phone

**Name:** \_\_\_\_\_  
Last First Relationship Home Phone Work Phone

### Physician/Dentist to be called in an emergency

**Physician's Info:** \_\_\_\_\_  
Name Medical Plan Insurance Number Office Phone

**Dentist's Info:** \_\_\_\_\_  
Name Medical Plan Insurance Number Office Phone

**If Physician cannot be reached, what action should be taken?**

### Allergies, limitations, medications, dietary restrictions or special needs

#### **Procedure**

- I hereby agree to indemnify and hold the City of Lodi its officers and employees, harmless, and any community organization cosponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child, arising out of or in any way connected with participation in the program named above.
- I recognize and understand that there may be risks of injury to my child as a participant in this program and I agree to accept those risks in registering my child as a participant. My signature below indicates that I am aware of and understand the policy and procedures of the Summer Safari Program.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

